

## CABINET ITEM COVERING SHEET PROFORMA

**AGENDA ITEM**

**REPORT TO CABINET**

**17 JULY 2014**

**REPORT OF CORPORATE  
MANAGEMENT TEAM**

### **CABINET DECISION**

**Children and Young People – Lead Cabinet Member – Councillor Mrs McCoy**

#### **CHILDREN'S SOCIAL CARE ACTIVITY AND PERFORMANCE**

1. Summary

In light of the Ofsted inspection of child protection in January 2013, it has been decided to review the content and format of future children's social care reports to Cabinet.

In addition to a range of measures to illustrate the pressures experienced by the service, a number of performance indicators will also now be included so that Cabinet can more closely monitor the impact of these pressures on performance and outcomes for children.

As a way of achieving this, the use of a 'process model' was approved by Cabinet on 13 June 2013.

Given the importance and profile of these issues it has been agreed that the new activity and performance reports are brought to Cabinet on a bimonthly basis ie every alternate Cabinet.

This report is based on the available data at the end of quarter 4 (31 March 2014).

2. Recommendations

Cabinet is requested to:

1. Note the continued workload pressures and associated activity in the children's social care system and the consequent impact this is having on both performance and budget.
2. Receive further update reports on a bi monthly basis in order to continue to monitor children's social care activity and performance.
3. Note the outcome of the recent Local Government Association (LGA) safeguarding practice diagnostic and resulting improvement plan and receive updates on progress in future reports.

### 3. Reasons for the Recommendations/Decision(s)

There are significant and continuing pressures in the children's social care system which could potentially impact on the Council's ability to effectively safeguard children, fulfil statutory duties and remain within allocated budget.

### 4. Members' Interests

Members (including co-opted Members) should consider whether they have a personal interest in any item, as defined in paragraphs 9 and 11 of the Council's code of conduct and, if so, declare the existence and nature of that interest in accordance with and/or taking account of paragraphs 12 - 17 of the code.

Where a Member regards him/herself as having a personal interest, as described in paragraph 16 of the code, in any business of the Council he/she must then, in accordance with paragraph 18 of the code, consider whether that interest is one which a member of the public, with knowledge of the relevant facts, would reasonably regard as so significant that it is likely to prejudice the Member's judgement of the public interest and the business:-

- affects the members financial position or the financial position of a person or body described in **paragraph 17** of the code, or
- relates to the determining of any approval, consent, licence, permission or registration in relation to the member or any person or body described in **paragraph 17** of the code.

A Member with a personal interest, as described in **paragraph 18** of the code, may attend the meeting but must not take part in the consideration and voting upon the relevant item of business. However, a member with such an interest may make representations, answer questions or give evidence relating to that business before the business is considered or voted on, provided the public are also allowed to attend the meeting for the same purpose whether under a statutory right or otherwise (**paragraph 19** of the code)

Members may participate in any discussion and vote on a matter in which they have an interest, as described in **paragraph 18** of the code, where that interest relates to functions of the Council detailed in **paragraph 20** of the code.

#### Disclosable Pecuniary Interests

It is a criminal offence for a member to participate in any discussion or vote on a matter in which he/she has a disclosable pecuniary interest (and where an appropriate dispensation has not been granted) **paragraph 21** of the code.

Members are required to comply with any procedural rule adopted by the Council which requires a member to leave the meeting room whilst the meeting is discussing a matter in which that member has a disclosable pecuniary interest (**paragraph 22** of the code).

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**RECOMMENDATIONS**

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## Background

1. This revised format for reporting to Cabinet attempts to show the range of key factors that impact on the levels of activity, workload pressures and performance in children's social care.
2. The attached template data is designed to illustrate the following key elements:
  - **Inputs**

These measures record the flow of business into the social care system, the level/complexity of activity and the extent to which other agencies are impacting on this activity. The key measures are as follows:

    - Number of contacts made with children's social care
    - Number of contacts that become referrals for assessment
    - Number of referrals by agency/number that do not meet social care threshold
    - Number of Common Assessment Framework (CAF) 2s by agency
    - Number/proportion of contacts with an active CAF
    - Number/proportion of contacts which are closed and logged
    - Number/proportion of referrals resulting in no further action (NFA)
  - **Processes**

These measures relate to the efficiency and effectiveness of services in managing the business ie the way in which business is conducted to assess needs, make decisions about support required and keep cases under review. The key measures are as follows:

    - Number and timeliness of assessments
    - Number and proportion of referrals that result in Section 47 (Child Protection) enquiries
    - Number and timeliness of Initial Child Protection Conferences (ICPCs)
    - Timeliness of Child Protection (CP) CP Reviews
    - Attendance of children and young people at ICPCs and CP Reviews
    - Attendance of children and young people at Looked After Children (LAC) Reviews
  - **Outputs**

These indicators are proxies for how effective processes have been in delivering results, which in turn should lead to positive outcomes for the children and young people concerned. The key measures are as follows:

    - Numbers of children in need (CiN)/CP/LAC
    - Re-referral rates
    - Second or subsequent CP Plans
    - CP plans 2 years+
    - LAC Placement stability (number of placement moves both short and long term)
    - Care leavers in Education Employment and Training (EET)
    - Care leavers in suitable accommodation
    - Numbers/proportion of children adopted or made subject to Special Guardianship Order (SGO)/Residence Order or returned home
3. Appendix 1 gives a summary of the currently available data at the end of quarter 3 (31 December 2013), along with a brief commentary highlighting the main issues raised from analysis of the information.
4. Appendix 2 gives the data which informs this report.

5. In summary, the overall picture reflected in the attached analysis is as follows:
- Inputs – a continuing high level of demand on services, but with a reduction in the volume of contacts and referrals compared to the previous year.
  - Processes – some improvement in timeliness of assessment and child protection processes.
  - Outputs – a reduction over the year in the number of children in need and with child protection plans, although numbers still remain high compared to benchmark groups. Support provided for children requiring social care intervention continues to be largely effective, although there are some challenges for care leavers.

### **Current Performance Management Arrangements**

6. Performance continues to be monitored very closely via the monthly Children's Social Care Performance Clinic chaired by the Corporate Director and attended by the Head of Service and all senior managers with responsibility for children's social care. This meeting analyses a range of performance and activity data and agrees and monitors actions in response to any identified issues. This is underpinned by a range of performance clinics with operational managers across the service.
7. In addition there is a fortnightly Workload Pressures meeting chaired by the Corporate Director and attended by the Head of Service and key senior managers in children's social care. This meeting closely monitors staffing and allocation issues and any associated pressures across the service.
8. As a result of the ongoing discussions about inappropriate referrals to children's social care and the low take up of the common assessment framework (CAF) by partner agencies, a new Teeswide referral tool has been introduced in order to ensure consistency of practice and referral pathways across all four Tees Local Authorities.
9. The Local Government Association (LGA) safeguarding practice diagnostic took place in the week commencing 24 March 2014. A copy of the outcome letter is attached as appendix 3.
10. The diagnostic was originally commissioned to focus primarily on referral and assessment, the area highlighted by Ofsted in January 2013 as being most in need of improvement. It was also agreed to include the common assessment Framework (CAF) and longer term involvement in relation to domestic violence and neglect. In discussion with the team once they had arrived, it was agreed to add a further area of focus in relation to child protection conferences.
11. Overall, the diagnostic confirms that there is a strong commitment to safeguarding children in Stockton-on-Tees and no immediate concerns were identified. This confirms our self-assessment that significant progress has been made in terms of referral and assessment since the Ofsted inspection of child protection in January 2013.
12. The areas for further consideration and improvement, together with the issues arising from the previous 'critical friend' review and other learning and improvement activity have been incorporated into a draft improvement plan which is attached as Appendix 4. This will be presented to Stockton-on-Tees Local Safeguarding Children Board (SLSCB) for agreement in due course.

13. One element of the improvement plan worthy of specific mention is the development of a Multi Agency Safeguarding Hub (MASH). Following initial discussions with partner agencies, it has now been agreed to develop a joint MASH with Hartlepool Borough Council, Cleveland Police and Health colleagues. In light of the scale and complexity of the proposed change programme, a formal project structure is currently being established to take this work forward.
14. Given that Stockton-on-Tees Borough Council already leads on the Tees Valley Emergency Duty Team (EDT) and Tees Adult Safeguarding Unit, it has been agreed that Hartlepool will lead on the MASH project and service delivery.

## **FINANCIAL IMPLICATIONS**

15. These pressures have continued to have an impact on the Children, Education and Social Care (CESC) budget in a number of key areas.
16. Firstly the independent fostering agency budget, which was set at £3.646m for 2013/14. The actual outturn for 2013/14 was £4.992m ie an overspend of £1.346m. This was a direct result of the increase in the number of independent fostering agency (IFA) placements during 2013/14. There was an average of 118 during the year, with 125 in place as of 31 March 2014.
17. Secondly the children's homes agency placements budget, which was set at £3.868m for 2013/14. The actual outturn was £5.205m ie an overspend of £1.337m. There was an average of 39 placements during the year, with 38 in place as of 31 March 2014.
18. Thirdly the social work staffing budget, which was set at £3.141m for 2013/14. The actual outturn was £3.589m ie an overspend of £448k. This includes the effect of the service review implemented from November 2013 which resulted in additional Social Worker appointments. Provision was made from CESC managed surplus brought forward from 2012/13 for these additional costs.
19. These issues continue to be considered through the medium term financial plan (MTFP).
20. As part of the work undertaken by the Children's Programme Board, the Joint Venture Partnership with Spark of Genius is progressing. The refurbished King Edwin School is now open and the first of the proposed four children's homes (Thorpe Thewles) has now been registered by Ofsted and is due to open in July 2014. This will enable children to be returned from expensive external provision so that they can live and be educated within the Borough. The second and third homes (Hartburn and Stillington) have now been purchased and planning permission secured. Options for a new build are currently being explored for the fourth home.
21. A consultant with recent experience as Director of Children's Services has been exploring ways of reducing the need for independent fostering agency placements and to further improve recruitment of in house foster carers and adopters. Initial proposals have been presented to the Children's Programme Board for consideration and this work will be taken forward over the coming months.

## **LEGAL IMPLICATIONS**

22. As outlined in previous reports to Cabinet, these workload pressures have resulted in a corresponding increase in the numbers of children subject to care proceedings. This in turn has placed a significant additional burden on Legal Services. Additional resources have been agreed previously in order to respond to this, although this continues to be monitored closely.

## **RISK ASSESSMENT**

23. There are three risks relating to this area of activity which have been already been identified and included in the service group risk register. These are listed below with their current risk score.
- Demographic changes and demand for services (CESC02)  
Current score: 16
  - Finance & resource availability in all CESC Services (CESC07)  
Current score: 12
  - Serious injury or death leading to a Serious Case Review (CESC14)  
Current score: 15
24. These risks will continue to be monitored at Children and Young People's Management Team (CYPMT) and the risk scores amended as appropriate. Any resulting changes will be fed into the corporate risk register and highlighted to Cabinet.

## **SUSTAINABLE COMMUNITY STRATEGY IMPLICATIONS**

25. The safeguarding of children is a key component of the children and young people theme in the Sustainable Community Strategy. Improving outcomes for children by effective service delivery will also impact on their potential quality of life in adulthood.
26. The effective safeguarding of children and young people will also have a significant impact on the community safety agenda.

## **EQUALITIES IMPACT ASSESSMENT**

27. This report has not been subject to an Equalities Impact Assessment because it is not seeking approval for a new policy, strategy or fundamental change in the delivery of a service.

## **CORPORATE PARENTING**

28. For those children who are looked after, the Council has a responsibility as Corporate Parent to ensure that their needs are appropriately met.
29. As service pressures and workload increases, this could potentially impact on the Council's ability to effectively fulfil its responsibilities as Corporate Parent.

## **CONSULTATION INCLUDING WARD/COUNCILLORS**

30. No consultation has taken place in relation to this issue at this stage.

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Background Papers

Inspection of Local Authority Arrangements for the Protection of Children in Stockton-on-Tees  
Ofsted 2013

Ward(s) and Ward Councillors

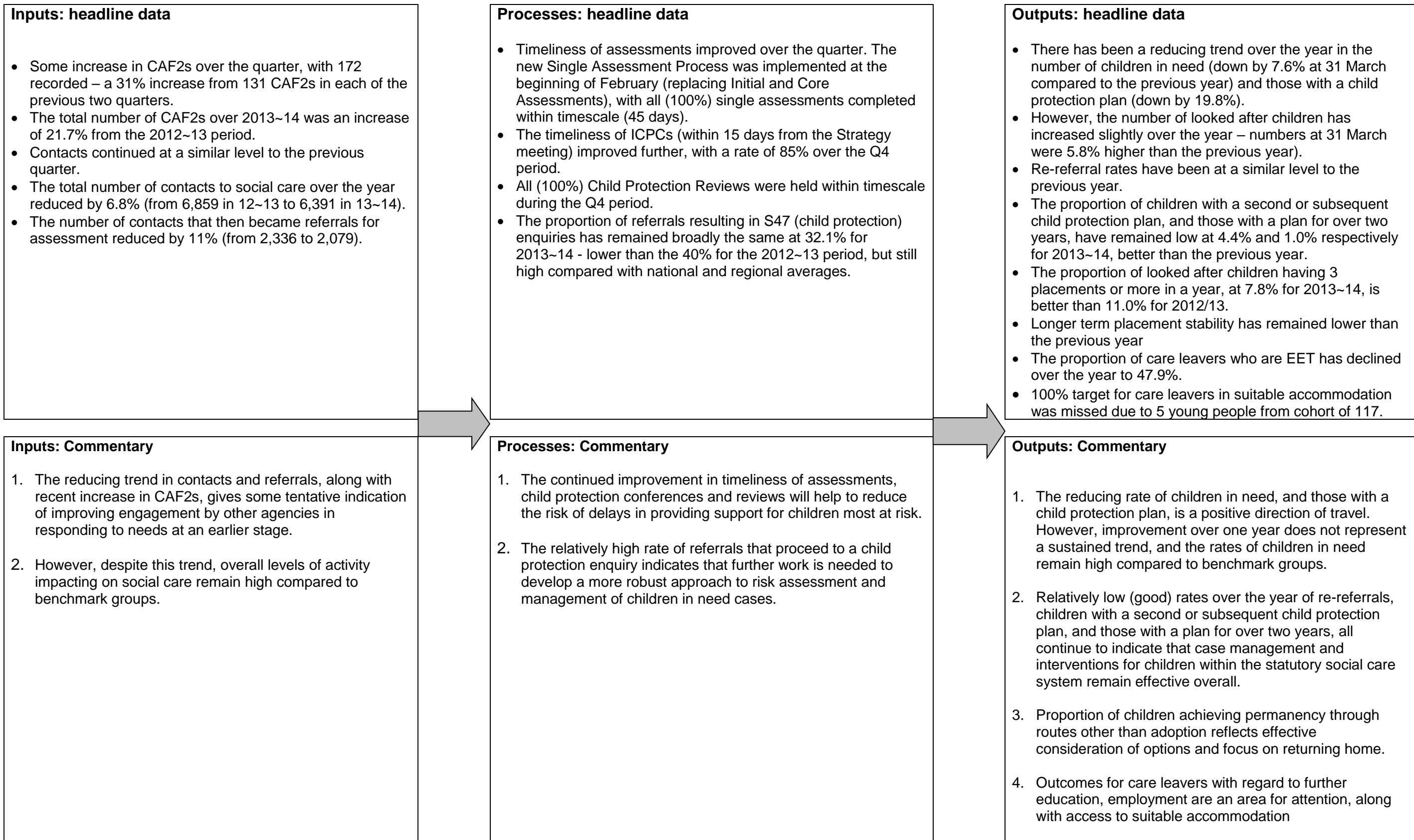
Not applicable.

Property

There are no implications for Council property.







## Appendix 2 Children's Social Care Performance & Activity Q4 2013-14

### Key

CAFs - Common Assessment Framework	S47 - Section 47 Enquiry	CP - Children subject of a Child Protection Plan
ICPC - Initial Child Protection Conference	CiN - Children in Need	EET - Education, Employment, Training
RCPC - Review Child Protection Conference	CiC - Children in Care	
CYP - Children and Young People		

The arrows relate to the direction of travel from previous quarter based on polarity of performance

\* Data shows the cumulative position from 1st April, except for items marked with an asterisk which relates to the Quarter period only

### Inputs

Activity / Performance Measures	2012/13		2013/14											
	Whole Year		Q1 (Apr - June)			Q2 (Apr- Sep)			Q3 (Apr - Dec)			Q4 (Apr - Mar)		
	Number	%	Number	%		Number	%		Number	%		Number	%	
Number of contacts made to children's social care *	6859	\	1642	\	↑	1642	\	↔	1521	\	↑	1586	\	↔
Number /proportion of Closed and Logged Contacts *	3651	53.2%	856	52.1%	↓	999	60.8%	↓	913	60.0%	↔	617	38.9%	↑
Number /proportion of Closed & Logged Contacts with an active CAF *	181	5.0%	46	5.5%	↑	64	6.4%	↑	46	5.0%	↓	38	6.2%	↑
Number /proportion of Referrals which were NFAs *	805	25.1%	154	19.6%	↑	53	8.2%	↑	33	5.4%	↑	400	41.3%	↓
Number of contacts that become referrals for assessment (ie Assessment has commenced) *	2336	\	523	\	↑	529	\		535	\		492	\	↓
Number of total contacts from the various agencies and the number of these that do not meet the threshold for Social Care Intervention *	See Table 1						See Table 1							
Number of CAF2's commenced, by Agency:-	450		141			272			403			575		↑
CECSC - Children Centre Services	13		0			0			4			15		
CECSC – Schools	81		34			61			97			138		
CECSC – IYSS	32		12			22			29			34		
CECSC - Social Care	117		56			120			159			206		
CECSC – Other	73		2			3			10			10		
Other Education Support/Settings	48		11			14			20			40		
NEPACS	1		0			0			0			0		
Health - Foundation Trust - Health Visitor Service	59		14			31			51			83		
Health - Foundation Trust – Midwives	1		2			4			7			19		
Health - Foundation Trust - School Nurse Service	9		3			3			4			4		
Health – Other	1		0			2			4			5		
Drug and Alcohol Agencies	12		0			0			4			4		
Housing	3		3			3			3			6		
Other Agencies 3rd/Vol Sector	0		4			9			11			11		

Processes

Activity / Performance Measures		2012/13		2013/14											
		Whole Year		Q1 (Apr- Jun)			Q2 (Apr - Sep)			Q3 (Apr - Dec)			Q4 (Apr - Mar)		
		Number	%	Number	%	*	Number	%	*	Number	%	*	Number	%	*
Number and timeliness of initial assessments (10 working days)	Numerator	1082	47.4%	267	41.8%	↑	567	44.0%	↑	962	50.2%	↑	1082	50.1%	↔
	Denominator	2285		638			1288			1918			2161		
Number and timeliness of core assessments	Numerator	694	55.2%	224	56.0%	↑	558	63.7%	↑	828	66.9%	↑	1057	70.0%	↑
	Denominator	1258		400			876			1237			1510		
Number and timeliness of Initial CP conferences (ICPC within 15 working days of the Sect 47 Enquiry)	Numerator	133	32.8%	53	56.4%		89	44.7%	↓	153	50.0%	↑	224	57.6%	↑
	Denominator	406		94			199			306			389		
Timeliness of Child Protection Reviews (Rolling Year)	Numerator	268	97.8%	273	96.8%	↓	251	96.9%	↔	242	97.2%	↑	226	100.0%	↑
	Denominator	274		282			259			249			226		
Number and proportion of referrals that result in S47 enquiries.	Numerator	950	40.1%	183	29.0%		418	34.8%	↓	602	34.1%	↔	746	32.1%	↑
	Denominator	2372		632			1202			1764			2327		
Children & Family Court Advisory and Support Services (Cafcass) care applications per 10,000 child population		24.8	\												

## Outputs

Activity / Performance Measures		2012/13		2013/14											
		Whole Year		Q1 (Apr - Jun)			Q2 (Apr - Sep)			Q3 (Apr - Dec)			Q4 (Apr - Mar)		
		Number	%	Number	%	*	Number	%	*	Number	%	*	Number	%	*
Number of CIN (excluding CP & LAC) at end of period		1573	\	1605	\	↓	1504	\	↑	1434	\	↑	1453	\	↔
Number of CP at end of period		369	\	356	\	↑	356	\	↔	332	\	↑	296	\	↑
Number of CIC at end of period		362	\	380	\	↓	379	\	↔	380	\	↔	383	\	↔
Re-referral rates *	Numerator	676	21.3%	157	20.0%		180	28.0%	↓	143	23.5%	↑	203	20.9%	↑
	Denominator	3178		786			643			608			969		
2nd or subsequent CP Plans	Numerator	24	6.0%	2	2.7%	↑	2	1.1%	↑	14	5.3%	↓	15	4.4%	↑
	Denominator	402		75			174			266			339		
CP Plans 2 yrs+	Numerator	9	2.9%	0	0%	↑	4	2.1%	↓	4	1.3%	↑	4	1.0%	↑
	Denominator	306		89			188			304			413		
Stability of Children in Care placements : No. of Placements	Numerator	40	11.0%	2	0.5%	↑	11	2.9%	↓	19	5.0%	↔	30	7.8%	↓
	Denominator	362		380			379			380			383		
Stability of Children in Care placements : Length of Placement	Numerator	58	57.4%	55	56.7%	↓	54	55.1%	↓	57	55.9%	↔	58	51.8%	↓
	Denominator	101		97			98			102			112		
Care leavers in suitable accommodation (16 - 21 Year Olds)	Numerator	N/A		32	94.1%		65	97.0%	↑	88	96.7%	↓	112	95.7%	↓
	Denominator	N/A		34			67			91			117		
Care Leavers in EET (16 - 21 Year Olds)	Numerator	N/A		20	58.8%		36	53.7%	↓	44	48.4%	↓	56	47.9%	↓
	Denominator	N/A		34			67			91			117		
Permanency when care has ceased - numbers / proportion:	Adoption	16	12.4%	5	11.9%		11	13%		20	16.1%		28	18.7%	
	Residence Order	28	21.7%	5	11.9%		14	17.1%		19	15.3%		19	12.7%	
	Special Guardians	21	16.3%	10	23.8%		17	20.7%		20	16.1%		25	16.7%	
	Returned Home	64	49.6%	22	52.4%		40	48.8%		65	52.4%		78	52.0%	

## Cases started during 1st January 2014 to 31st March 2014

Table 1 - Breakdown of cases and referrers (% of total at each stage)

Referred By	Case Resulted in:									
	Contact (Closed & Logged as Enquiry)		No Further Action (NFA)		Proceeded to Initial Assessment or Single Assessment		Yet to Proceed to Initial or Single Assessment or be Closed Down as a NFA Referral		Total	
	Number	Proportion (% of Total Contacts)	Number	Proportion (% of Total NFA)	Number	Proportion (% of Total Proceeded to IA or SA)	Number	Proportion (% of Total Yet to Proceeded)	Number	Proportion (% of Total Cases)
Assessment Teams	0	0.0%	0	0.0%	19	3.9%	0	0.0%	19	1.2%
CESC Others	1	0.2%	0	0.0%	5	1.0%	0	0.0%	6	0.4%
Courts	72	11.7%	0	0.0%	14	2.8%	1	1.3%	87	5.5%
Education - Head Teacher	19	3.1%	31	7.8%	44	8.9%	5	6.5%	99	6.2%
Education – Other	6	1.0%	9	2.3%	13	2.6%	6	7.8%	34	2.1%
Education - Special Educational Needs Department	34	5.5%	26	6.5%	1	0.2%	1	1.3%	62	3.9%
Education – Teacher	7	1.1%	11	2.8%	20	4.1%	4	5.2%	42	2.6%
Emergency Duty Team	15	2.4%	14	3.5%	12	2.4%	1	1.3%	42	2.6%
Family Support	0	0.0%	1	0.3%	8	1.6%	7	9.1%	16	1.0%
Field Work	4	0.6%	0	0.0%	21	4.3%	2	2.6%	27	1.7%
Health - A & E	13	2.1%	7	1.8%	9	1.8%	1	1.3%	30	1.9%
Health – CAMHS	0	0.0%	0	0.0%	4	0.8%	0	0.0%	4	0.3%
Health - Child Protection Nurse	0	0.0%	3	0.8%	2	0.4%	0	0.0%	5	0.3%
Health - Community / District Nurse	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Health - Community Mental Health	5	0.8%	0	0.0%	2	0.4%	0	0.0%	7	0.4%
Health - General Practitioner	2	0.3%	11	2.8%	6	1.2%	1	1.3%	20	1.3%
Health - Health Visitor	11	1.8%	6	1.5%	14	2.8%	1	1.3%	32	2.0%
Health – Midwife	0	0.0%	7	1.8%	14	2.8%	1	1.3%	22	1.4%
Health – Other	30	4.9%	22	5.5%	20	4.1%	0	0.0%	72	4.5%
Health - School Nurse	1	0.2%	0	0.0%	3	0.6%	0	0.0%	4	0.3%
Housing	4	0.6%	17	4.3%	29	5.9%	1	1.3%	51	3.2%
Individuals	100	16.2%	58	14.5%	63	12.8%	21	27.3%	242	15.3%
LAC Services	20	3.2%	10	2.5%	2	0.4%	0	0.0%	32	2.0%
Other (see note)	2	0.3%	4	1.0%	16	3.3%	6	7.8%	28	1.8%
Other Agency	104	16.9%	61	15.3%	60	12.2%	5	6.5%	230	14.5%
Police	159	25.8%	90	22.5%	73	14.8%	9	11.7%	331	20.9%
Probation	8	1.3%	12	3.0%	18	3.7%	4	5.2%	42	2.6%
<b>Total</b>	<b>617</b>	<b>100.0%</b>	<b>400</b>	<b>100.0%</b>	<b>492</b>	<b>100.0%</b>	<b>77</b>	<b>100.0%</b>	<b>1586</b>	<b>100.0%</b>

Other - this includes First Contact Team, Prevention, Prison Service, LADO and Schools and Complex Needs Service.



Jane Humphreys  
Corporate Director of Children, Education and Social Care  
Stockton-On-Tees Borough Council  
Municipal Buildings  
Church Road  
Stockton-On-Tees  
TS19 1UE

12 May 2014

Dear Jane,

**Stockton-On-Tees Borough Council - Safeguarding Practice Diagnostic**

On behalf of the team I would like to thank you for commissioning this safeguarding practice diagnostic. It was delivered by a team of peers using their experience to reflect on a number of sources of evidence and provide the council with an external perspective on the quality of safeguarding practice, key strengths and areas for further consideration and improvement.

The Peer Team were:

1. Cliff James (Head of Safeguarding and Children's Social Care - Children and Young People Services Suffolk County Council)
2. Mark Nicholas (Head of Adult Safeguarding and Performance Management City of Bradford Metropolitan District Council)
3. Neil Holden (Operations Manager, Childrens' Social Care, West Sussex County Council)
4. Ernest Opuni (Peer Challenge Manager, Local Government Association)

The peer team utilised three of the four strands which underpin such diagnostics in gathering our evidence:

- Case records review
- Real Time Review of contact, referral and assessment
- Social work practice observation

As part of the discussion with you in which the scope for this diagnostic was agreed, you confirmed that you did not require the team to cover the 'Information Health check' or Audit Validation elements of the element of the SPD framework.

Before the team arrived at Stockton-On-Tees you had identified three main areas on which you were particularly keen to get the team's views:

1. The quality of assessment, decision making, supervision and management oversight in referral and assessment,
2. The application of thresholds in early help, CAF referral and step down processes,
3. The quality of practice in long term children in need cases involving neglect and domestic violence and

You subsequently underpinned these with 9 'key lines of enquiry/questions' you wanted us to use in formulating our messages. These are detailed as Appendix 1 of this letter.

It became clear once the team arrived on site that there would be some value to the Authority if a fourth area was also looked at.

4. Child Protection Case Conference process and thresholds

This became an area of focus after the team arrived-on site.

We agreed to send you a letter confirming our findings to provide you with further detail on the points set out in our feedback presentation on the final day of the diagnostic (27 March 2014). We set out our findings under the following five main headings:

1. Real Time Review of contact, referral and assessment,
2. The quality of assessment, decision making, supervision and management oversight in referral and assessment,
3. The application of thresholds in early help, CAF referral and step down processes,
4. The quality of practice in long term cases involving neglect and domestic violence and
5. Child Protection Conference process and thresholds

All of our findings are collated under areas of strength and areas for consideration and improvement. Our review of case records, observations of social work practice, visits to teams and interviews with managers and social workers underpin all our findings.

Within the case records review the peer team looked at 35 case records (25 Social Care cases and 10 CAF). These are detailed as Appendix 2 of this letter. We also visited your First Contact Team, Assessment Teams (North and South), Field Work Teams (North and South), Family Support Team and CAF Coordinator. Our practice observation was of 2 CP Conferences and we also held interviews with Social Workers, Team Managers and Service Managers. Our findings from the practice observations and the review of current contacts and referrals are included in the case records review section of the letter.

It is important to stress that this was not an inspection. A team of peers used their experience to reflect on the evidence you presented about the quality of safeguarding practice 'on the ground' in Stockton-On-Tees and those areas requiring improvement.



We approached the task as critical friends to the authority and used the evidence provided to us to assist you in your on-going improvement.

As a preface to the findings, it should be noted that you demonstrated both self-awareness and a willingness to learn and improve as an authority in your selection of the key issues upon which the team would focus. These were areas where you had historic issues and concerns.

The practice diagnostic team received a great welcome. We valued the excellent co-operation and support provided to the team throughout the process. All those we met demonstrated a willingness to use the peer diagnostic as an opportunity for learning and improvement. We recognise that many people made themselves readily available to us at short notice and we thank them for their flexibility and the helpful and enthusiastic way that everybody engaged in the process.

### **Key Messages**

- From the work undertaken by the team we felt there was a strong commitment to keeping children safe from social workers and managers working with them in Stockton-On-Tees and we found good evidence of this.
- Although the sample of cases was limited there were no immediate safeguarding concerns in any of the cases examined. The team found clear signs of strong senior management leadership of safeguarding. The performance clinics which review both the performance of teams and the performance of individual social workers have become embedded within the organisation. These provide regular information throughout the service about trends and the ability of staff to progress work.
- The Early Help offer and Family Support Service are well developed and meet the needs of children receiving them.
- Thresholds for cases coming into Social Care are appropriate. However there was evidence that more cases could subsequently be stepped down to CAF/TAC.
- The authority has recently implemented the new model of single statutory assessment, which has been welcomed both by social workers and managers. The assessments reviewed during the three days provided comprehensive information and were of a good quality.
- There is good identification of children at risk and use of S47 enquiries with partners, agencies and the family. However, evidence of detailed analysis of risks and needs (and implications of both) for the child are more limited.
- There was clear evidence of Child Protection and Children in Need Plans in place but they would benefit from being more outcome-focused and SMART in order to reflect the good work done in assessment.
- Domestic incident referrals from the Police form the major source of referrals to children's services and there does not appear to be any form of initial risk screening relating to children undertaken prior to the referral being received. Doing so would assist children's social care in determining how best to respond whilst also helping to determine thresholds for intervention.

## **Suggestions for Improvements**

- The Diagnostic Team felt that the planned introduction of the Signs of Safety model of practice will benefit analysis of risk and planning in child protection cases and be useful in dealing with domestic incident and neglect cases.
- Neglect cases would also benefit from a more structured model of intervention (e.g. Graded Care Profile, Strengths and Difficulties Questionnaire, Bolton Model).
- The exploration of the Multi Agency Safeguarding Hub with neighbouring authorities should continue and if introduced will offer improvements in sharing information between agencies and for threshold decisions to be made in a more timely manner.
- A greater number of cases could move direct to CAF from First Contact and stepped down from being children in need as the early help offer is well developed .
- Plans would benefit from being more outcome focused and SMART
- The authority would benefit from introducing a quality assurance process which includes a more detailed analysis of the impact the service is having on the child.
- Consideration should be given to the introduction of a more structured 'whole team' approach for measuring team effectiveness instead of relying solely on a random case file audit process of quality assurance.
- The quality assurance of casework does not currently seem to involve analysis of outcomes for children. This should be included as an assessed factor in case audits and other QA processes.
- Front line managers would benefit from a more succinct performance management framework which incorporates some of the existing measures used in caseload management and performance clinics.

## **FINDINGS**

### **1. Contact and Referral Process**

#### Areas of Strength

- Evidence of comprehensive checks being made with partner agencies in First Contact.
- Social worker in First Contact adds value to the service and undertakes initial risk assessments as part of initial consideration process.
- Generally, cases are transferred through to Assessment Teams and CAF in a timely manner.

#### Areas for consideration and improvement

- Consideration should be given to additional social work capacity in First Contact and greater clarity obtained regarding the role and function of social work practice in the team.
- While the team found evidence that First Contact process cases within 5 working days, there was also evidence that some cases remain longer. The service

would benefit from a tracking system to avoid delays and provide managers with real time data on progress.

- Police do not risk assess domestic incidents regarding risks to children in the household as part of referral creating potential for the system being overwhelmed. This needs to be addressed with the police as other forces do use models of risk assessment.
- Accelerate introduction of a multi-agency presence in First Contact or development of Multi Agency Safeguarding Hub (MASH) in partnership with the police, health and neighbouring authority.

The team visited First Contact which is the team that accepts all referrals to children's social care services. This involved a discussion with the Team Manager and Social Worker and a review of a sample of live cases being dealt with by the team at the point that the referral was made and those where initial consideration was being undertaken. The Team Manager was able to evidence that a decision was made within one working day of referral and the team allowed itself up to 5 working days to gather information before sending cases onto the Assessment Teams. Cases which met the threshold for child protection enquires to be made under section 47 were transferred the same day. Where there was uncertainty and benefit to be gained from a home visit to clarify any areas of concern, such visits are undertaken by the social worker in the team who undertook an initial assessment of risks prior to transfer.

There were a small number of cases seen by the Peer Team which had been in First Contact for more than 5 working days. There was no obvious way of such delays being highlighted so introducing a tracking system (either on the electronic case record or as a weekly management report) would better manage the risk of delay.

Although most police forces assess risk in Domestic Violence (DV) incidents using the CAADA-DASH tool, the focus of the assessment is on the risk to the victim rather than any associated risks to children in the household. Better identification and proactive reporting of DV incidents by the Police can lead to the level of referrals generated overwhelming Children's Social Care. Domestic incident referrals from the police account for the largest proportion of referrals to Children's Social Care in Stockton-On-Tees. There is a need to discuss and agree the use of a suitable risk assessment tool by the police which would help in ensuring children receive a more appropriate form of intervention in a timely manner.

Introducing a MASH model needs careful planning and this takes time. Recent discussions with neighbouring authorities, the police and health partners regarding a possible MASH model are to be encouraged as having a multi-agency presence at the initial point of contact would help information exchange and gathering in a timely manner and determination of thresholds. A step towards this in Stockton-on-Tees might include introducing a multi-agency presence in the form of linked Police or NHS staff.

The authority is taking steps to strengthen the use of the CAF by appointing additional staff to process CAF referrals and take up. These staff are to be sited with the First Contact Team and there will therefore be greater opportunity to refer more children

directly for a CAF for an early help service in appropriate cases as an alternative to the Assessment Team.

## **2. The quality of assessment, decision making, supervision and management oversight in referral and assessment teams**

### Areas of Strength

- When reviewing the case records there was clear evidence of regular supervision and management oversight recorded on the electronic recording system as well as management sign-off of assessments.
- Statutory Assessments are of good quality and are comprehensive.
- Case transfer to the Assessment Team from First Contact team is normally timely.
- There was good evidence of detailed recording of visits to families. Children subject to child protection plans and section 47 enquiries were seen and spoken to.
- There were good examples of the views of children of school-age being sought and recorded.
- Performance clinics had been introduced to monitor the performance of individual social workers and social worker teams. These took place on a regular basis.
- There was evidence that team managers and senior managers were monitoring performance and were clear about teams and staff who were under pressure
- Social work caseloads were reasonable and a caseload waiting system was used by team managers to determine workloads and assist with case allocation.

### Areas for consideration and improvement

- Supervision records on case files do not capture reflective practice and are not SMART/outcome focused.
- There was no evidence on the recording system to show management decision making outside of the formal supervision process.
- The RAISE electronic recording system is very comprehensive but is not a complete record of the case. This is because both paper files and the CAF database are also used.
- The views and observations of younger children are not always apparent in assessments. The service would benefit from a better understanding of early childhood development to help identify areas of concern as well as positive interaction.
- There is also a need to consider how to capture and analyse current strengths and risks for the child on a more consistent basis as the case develops (following the initial assessment) and following them being made subject to a protection plan.
- The impact of the case audit process on practice could be clearer with evidence of changes which have been made when issues and themes have been identified.

- Assessments and reports to child protection conferences are not always available in advance of the conference or discussed with parents and other professionals.
- Child Protection and Children in Need Plans are not currently SMART or outcome focused.
- The introduction of the single statutory assessment is a very positive development but it is essential that assessments continue to be undertaken in a timely manner and do not take longer than necessary.
- Assessment teams feel that information received from First Contact could be more comprehensive in some cases.
- Consider the introduction of a more tailored risk assessment model for use by practitioners.

Although supervision is apparent on case records, the quality could be improved through revising the authorities supervision policy and linking this with the College of Social Work Professional Capabilities Framework (see [http://www.tcsw.org.uk/uploadedFiles/TheCollege/\\_CollegeLibrary/Reform\\_resources/P CFfancolour.pdf](http://www.tcsw.org.uk/uploadedFiles/TheCollege/_CollegeLibrary/Reform_resources/P CFfancolour.pdf)).

Developing a basic understanding of SMART planning or Outcomes Based accountability among front line staff (together with a revised format for plans) would ensure planning is more focused and effective.

Management decisions taken outside of formal supervision need to be captured on the case record. In some instances these are in the case notes but this makes it difficult to follow the process of decision-making on a case. A separate area on the case record would help to capture this better.

There were several instances noted by the Peer Team where the views and observations of younger children were not recorded, due to their age. However, the skills to be able to determine these views exist within the department especially in the Children's Centres and Family Support Team. Where necessary, the skills of Early Years staff could either be used to train social workers to better elicit views from these children and to interpret behaviour or for this work to be undertaken on behalf of the social worker.

The risk assessment currently on the electronic case record is generic and does not provide enough of a focus on child protection. A more tailored model which both assesses and analyses risk would benefit case workers.

### **3. The application of thresholds in early help, CAF referral and step down processes**

#### Areas of Strength

- The authority has a well-developed and comprehensive Early Help offer.
- CAF is the gateway to Early Help and well understood by local practitioners and schools

- Additional resources are being targeted on improving co-ordination and take up of CAF.
- Good systems are in place to quality assure Early Help services.

#### Areas for consideration and improvement

- The Early Help Strategy is in need of further development and does not fully reflect the range of services which are available.
- The Diagnostic Team felt there was the potential for more cases to go straight from First Contact to CAF and that a review of referrals which may better meet the threshold for CAF could divert some cases from going through to the Assessment Teams for a single statutory assessment.
- A greater number of social care cases than is currently the case could also be safely stepped down to CAF as the Family Support Service is well developed.
- The range of Early Help services could be better co-ordinated and the recent investment in staff in the CAF team will help address this.
- The financial challenges facing the authority is likely to mean that maintaining the investment in the Early Help offer will be difficult. As a result it may be necessary to look at different models of service delivery involving the independent and voluntary sector.

The Early Help offer in Stockton-On-Tees is particularly well developed. Staff talk about the commitment to support the offer at both Corporate and Directorate levels.

Due to the range of Early Help resources, there is a risk of a lack of coordination between agencies which could result in duplication or gaps in provision. This has been recognised and additional resources focused on better co-ordination of CAF have been identified.

Quality Assurance of Early Help services have been well thought through and both managers and staff were confident about the quality of service they provide.

Due to the robust nature of the Early Help services we saw, it is likely that more referrals could be referred directly for a CAF from First Contact than is currently the case. This would mean that Assessment Teams would be able to offer greater focus on children at risk of harm and those with complex needs. Social Care cases could also be safely 'stepped down' to CAF sooner than is currently the case and this is also linked to the issue about risk assessment and analysis.

#### **4. The quality of practice in long term cases involving neglect and domestic violence**

##### Areas of Strength

- There was good evidence that children subject to protection plans are being visited and seen and are being safeguarded.
- There was good evidence of self-awareness of issues and challenges by managers and strategies in place to ensure plans are implemented.

- There is a clear recognition amongst managers that supervision needs to include reflective practice.
- Recent Service Manager authorisation and sign-off of decisions to go to conference was felt by the team to be appropriate and will ensure better management oversight and scrutiny of child protection thresholds.

#### Areas for consideration and improvement

- Domestic violence incidents could be better managed and responded to in a more proportionate manner and tailored to the needs of the family.
- The Diagnostic Team felt there was an overreliance on the Harbour service, which has lengthy waiting lists and appears to have a standard response to referrals.
- The management performance framework needs to include data on timeliness of statutory visits and S47 enquiries.
- Care and protection planning needs to be more outcome focused.
- Children who are suffering from neglect would benefit from a more structured model of response to assess parenting and the impact of intervention

There are a very high number of referrals of domestic violence and incidents from the Police into children's services. These account for the highest proportion of referrals into Children's Social Care. These are feeding through into assessments and enquiries under section 47 and result in a high workload for First Contact, the Assessment Teams and partner agencies. Much of this is linked to drug and alcohol misuse by parents whilst domestic incidents and neglect was a feature of a significant number of cases considered by the Diagnostic Team. In addition to Children's Social Care intervention the Harbour Service was frequently used as a service response.

The number of children subject to child protection plans is high compared with statistical neighbours.. The authority was concerned about this and the impact it was having on the local safeguarding system. Emotional abuse (linked to domestic violence) and neglect (linked to drug and alcohol abuse) were a key feature in these plans.

The assessing and analysis of long term neglect cases is difficult and this process would benefit from the use of more structured models. There are a number of these models which could be used in Stockton-On-Tees with the most appropriate ones being deployed according to the circumstances of the case. The Graded Care Profile Strengths and Difficulties Questionnaire (Bolton Model) is a good example of a model which practitioners have found useful in dealing with neglect cases.

The authority with its partners should monitor the effectiveness of the newly commissioned domestic violence service to ensure that it is providing a more flexible model which takes account of individual circumstances and family need.

## 5. Child Protection Conferences

### Areas of Strength

- There was good evidence of multi-professional commitment , attendance and information sharing at conferences
- Conference chairing provides good opportunities for parental participation in the child protection process. Social work reports to conference are of good quality and comprehensive.
- The recent decision for Field work Team Managers to attend all ICPCs is appropriate and should provide both professional challenge and improved protection and care planning.

### Areas for consideration and improvement

- Child Protection Plans should be more outcome focused
- Child Protection Plans should demonstrate contingency planning which allows for children to be removed from a plan if orders from the court are obtained without the need for a subsequent conference. This is currently not the case.
- Conferences would benefit from the provision of partner agency reports rather than relying solely on the social worker gathering the views of partners and reflecting this in their reports to conference.
- There was evidence that Conference Chairs could increase the impact of their challenge to practice across agencies and outside of the conference process to ensure progress in some cases and help deliver better outcomes.

At the initial meeting with the senior management team on the first day of the Diagnostic it became clear that the authority would value the Diagnostic Team's consideration of the impact of the child protection conference process. In order to address this additional area, it was agreed that a member of the team would attend and observe one initial and one review child protection conference. In addition to this the sample of cases audited by the Team included children subject to child protection plans because of neglect and emotional abuse linked to domestic violence.

The authority has identified measures to ensure that appropriate thresholds are being applied for cases coming to conference and for children being made subject to protection plans. Children are not remaining subject to plans for protracted periods of time and most come off within a year. The attendance at Child Protection Conferences by Fieldwork Team Managers whose teams are receiving cases is an appropriate development and should offer greater challenge as to whether children should be made subject to a plan. This will also lead to greater clarity about the work which needs to be undertaken and outcomes that are sought from this. It is the staff in these teams who will be undertaking this work and the Conference Chair and Fieldwork Manager should be able to provide greater clarity to this with clear timescales and objectives.

The Diagnostic Team felt that greater emphasis should be given to improving child protection plans in order that they are more outcomes focused and SMART.



## Conclusion

Through this letter we have sought to outline the strengths of children's safeguarding practice arrangements in Stockton-On-Tees, along with areas for consideration and improvement. You and your colleagues will no doubt now wish to reflect on the team's findings, and then consider how they might inform your improvement journey and future plans and activities.

For further improvement support you can contact the LGA's Principal Adviser, Mark Edgell, who can be contacted either by email: [Mark.Edgell@local.gov.uk](mailto:Mark.Edgell@local.gov.uk) or by phone on 07747 636910.

Once again, thank you for agreeing to commission a safeguarding diagnostic challenge; please pass on our special thanks to Martin Graham, Jackie Barnes and other colleagues for the effort they put into preparing for and supporting our visit. We valued their excellent and unstinting help before and during our three days in Stockton-On- Tees.



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### **Appendices:**

Appendix 1 – Key lines of enquiry requested by Stockton-On-Tees Borough Council

**APPENDIX 1 – Key lines of enquiry requested by Stockton-On-Tees Borough Council**

KLOEs	RATIONALE
1. Are there any cases being referred to children's social care which could / should be responded to at a lower level i.e. CAF?	To check progress on CAF since CP inspection and subsequent arrangements agreed via SLSCB.
2. Are there any cases appropriately referred to children's social care which could potentially have been diverted if they had been appropriately responded to at an earlier stage?	To check progress on Early Help Strategy following CP inspection.
3. Are there any referrals not crossing the social care threshold which should receive a response?	To test impact of new, stricter application of threshold criteria, and any risks arising from this.
4. Are all the referrals crossing the social care threshold appropriate or is there scope to deal with any of these in a different way?	
5. Is there any activity which is contrary to the Continuum of Need and Services?	Need to test how well agencies are fulfilling their obligations under the Continuum of Need and Services.
6. On a continuum from threshold too low i.e. risk averse to threshold too high i.e. unsafe practice where would you place Stockton-On-Tees Borough Council currently?	To add to the evidence base arising from recent Critical Friend Review and other internal monitoring.
7. Are assessments carried out in a timely fashion and based on robust risk assessments?	To check progress following CP inspection, work undertaken on risk assessment, performance on assessment timescales, and impact of new single assessment arrangements.
8. Is handover from Assessment Team to Fieldwork Team carried out effectively, taking account of the needs of the child and family?	To test out effectiveness of these arrangements, following staffing and structure changes implemented since CP inspection.
9. How effective is the response to longer term cases related to domestic violence, or neglect?	To check out some local concerns relating to management of such cases.



## Draft Safeguarding Improvement Plan in response to findings of 2014 Critical Friend Review and Safeguarding Peer Diagnostic

Priority and actions	Timescale	Lead	Progress	RAG
<b>1. Ensure effective implementation of the Early Help Strategy</b>				
a) Complete review of the Early Help Strategy.	June 2014	Change & Transformation Lead, CESC	Completed and approved by CYPHWCG	
b) Develop a robust action plan for the Strategy, to ensure effective coordination of Early Help services.	August 2014	Public Health Consultant		
c) Sustain investment in the Early Help offer.	Ongoing	Chair of CYPHWCG		
<b>2. Secure full multi-agency engagement in CAF</b>				
a) Enhance capacity in the CAF Team to support and coordinate CAF activity, through the appointment of new Support Worker posts.	September 2014	Head of CYP Services, CESC		
b) Review opportunities for more cases to be stepped down from First Contact to CAF.	August 2014	Service Manager First Response, CESC		
c) Develop improved linkage of Social Care and CAF databases to enable more effective monitoring of activity and its impact.	October 2014	Service Manager Business Support & Information, CESC		
d) Ensure more CAFs are completed, in line with expectations of the agencies involved.	March 2015	SLSCB Chair		

**Draft Safeguarding Improvement Plan in response to findings of 2014 Critical Friend Review and Safeguarding Peer Diagnostic**

<b>Priority and actions</b>	<b>Timescale</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
<b>3. Relaunch the continuum of need document and training to ensure multi-agency knowledge of its existence and the agreed thresholds.</b>				
a) SLSCB to review the Continuum of Need, taking account of ongoing work regarding inappropriate referrals, and findings from the recently initiated SCR (Gavin).	October 2014	Head of CYP Services, CESC		
b) Relaunch the revised document and promote across all agencies.	December 2014	SLSCB Chair		
c) Deliver training to support implementation.	December 2014 onwards	Workforce Development Manager, CESC		
<b>4. Continue to evaluate and develop arrangements for managing the entry point to Social Care</b>				
a) Review pilot arrangement for social work presence in First Contact.	September 2014	Service Manager First Response, CESC		
b) Evaluate longer term models for multi-agency response to contact and referrals.	October 2014	Corporate Director, CESC		
c) Complete work on the reviewing and streamlining of referral pathways, across Tees.	September 2014	Head of CYP Services, CESC		
d) Review with Police the arrangements for risk assessment of domestic incidents.	September 2014	Det. Superintendent Crime & Justice Command, Cleveland Police		

Draft Safeguarding Improvement Plan in response to findings of 2014 Critical Friend Review and Safeguarding Peer Diagnostic

Priority and actions	Timescale	Lead	Progress	RAG
<b>5. Enhance the quality and timeliness of assessments through implementation of the single assessment</b>				
a) Ensure the views of younger children are more apparent in assessments, through the use of appropriate early childhood development resources.	January 2015	Service Manager Fieldwork, CESC		
b) Agree and implement the approach to adopting Signs of Safety as the risk assessment model and framework for all LSCB partners.	January 2015	SLSCB Chair		
c) Ensure that arrangements for managing and recording Strategy meetings, ICPCs and RCPCs make explicit provision for a multi-agency discussion ' <i>that identifies the number, severity and duration of risk indicators balanced with mitigating strengths/resources and benefits that results in an informed judgement about the severity of harm, the likelihood of, and the severity of, future harm occurring/recurring and the anticipated impact on the child</i> ' (taken from the regional assessment framework).	September 2014	Service Manager Fieldwork / Service Manager Planning & QA, CESC		

**Draft Safeguarding Improvement Plan in response to findings of 2014 Critical Friend Review and Safeguarding Peer Diagnostic**

<b>Priority and actions</b>	<b>Timescale</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
<b>6. Develop a more structured framework for the management of CIN cases</b>				
a) Develop a more outcomes focused approach to care planning.	March 2015	Task Group to be determined by SLSCB		
b) Ensure supervision practice is based on reflective practice and is outcome focused.	October 2014	Service Manager Fieldwork, CESC		
c) Ensure management decision making is recorded at all stages, not just through the formal supervision process.	October 2014	Service Manager Fieldwork, CESC		
d) Evaluate structured models of intervention for management of neglect cases (e.g. Graded Care Profile, Strengths and Difficulties Questionnaire, Bolton Model).	March 2015	Task Group to be determined by SLSCB		
e) Ensure commissioned domestic abuse provision is targeted effectively to address need.	March 2015	Chair of CYPHWCG		

**Draft Safeguarding Improvement Plan in response to findings of 2014 Critical Friend Review and Safeguarding Peer Diagnostic**

Priority and actions	Timescale	Lead	Progress	RAG
<b>7. Ensure robust and effective child protection planning</b>				
a) SLSCB to review the use of Strategy meetings to ensure an agreed understanding about purpose and function, taking account of agreed procedures.	May 2014	Chair of SLSCB	Practice reviewed and guidance clarified.	
b) Embed arrangements for Service Managers deciding on the convening of ICPCs, and evaluate impact.	December 2014	Head of CYP Services, CESC		
c) Monitor current arrangements for Team Managers to attend ICPCs and chair the first core group meeting, to support professional challenge and effective care planning	wef September 2014	CESC (CYP Performance Clinic)		
d) SLSCB to consider, in conjunction with Tees partners, the introduction of separate conference reports from partner agencies, to include an analysis of risk with suggested recommendations.	December 2014	Task Group to be determined by SLSCB		
e) Improve the timeliness with which assessments and reports are provided for conferences, and shared with parents and other professionals.	October 2014	Service Manager Fieldwork, CESC		
f) Ensure that the recently revised CP plan template is embedded, and monitor its impact on outcomes for the child.	January 2015	Service Manager Planning & QA, CESC		
g) Through the Tees Procedures Group, develop and implement procedures for concurrent planning which enable CP plans to be ceased, without a subsequent conference, if orders from the court are obtained.	October 2014	Head of CYP Services, CESC		



**Draft Safeguarding Improvement Plan in response to findings of 2014 Critical Friend Review and Safeguarding Peer Diagnostic**

<b>Priority and actions</b>	<b>Timescale</b>	<b>Lead</b>	<b>Progress</b>	<b>RAG</b>
<b>8. Strengthen the QA and Performance Management framework</b>				
a) Develop the quality assurance role of the Reviewing Service so that it provides a more robust independent check and balance function that informs both individual case management and wider service development.	January 2015	Service Manager Planning & QA, CESC		
b) Develop processes for analysing the impact of service provision on children / families.	January 2015	SLSCB Performance Sub Group		
c) Enhance the current arrangements for SLSCB members observing practice, to include an audit on the conduct of ICPCs and RCPCs.	March 2015	SLSCB Performance Sub Group		
d) Ensure that the new multi-agency case file audit programme is evaluated to assess impact on practice.	March 2015	SLSCB LIP Sub Group		
e) Implement the revised case file audit process in CESC, and evaluate its impact, taking account of other methodologies e.g Team Health Checks.	January 2015	Corporate Director, CESC		
f) Review the current operational performance management framework with a view to developing a revised dashboard to enable more effective tracking of case management activity and performance at team and individual level.	December 2014	Head of Business Support & Improvement / Service Manager Fieldwork, CESC		